



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
or **Fax (571)-273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Note: Use Block 1 for any change of address)

35969 7590 02/01/2007

**JEFFREY M. GREENMAN**  
**BAYER PHARMACEUTICALS CORPORATION**  
**400 MORGAN LANE**  
**WEST HAVEN, CT 06516**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

William F. Gray	(Depositor's name)
<i>William F. Gray</i>	(Signature)
27 April 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/525.608	10/13/2005	Heike Gielen-Haertwig	04/27/2007-LE 136252	00000139 1333726 10525600

**TITLE OF INVENTION: DIHYDROPYRIDINONE DERIVATIVES**

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/01/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOLAN, JASON MICHAEL	1626	514-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bayer Healthcare AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

D-51368 Leverkusen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3372 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

**NOTE:** The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature William F. Gray  
Typed or printed name William F. Gray

Date 27 April 2007  
Registration No. 31018

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**Bayer HealthCare  
Pharmaceuticals**



**FAX**

To: **MAIL STOP ISSUE FEE - US PATENT AND TRADEMARK OFFICE**

Fax: (571) 273-2885

Number of Pages: 4 (including this cover)

Date: 27 April 2007

From: William F. Gray

Fax: (203) 812-6459

Phone: (203) 812-2712

E-mail: william.gray.b@bayer.com

Re: **US Application Serial No.: 10/525,608**

**Filing Date: 10/13/2005**

**Title: Dihydropyridinone Derivatives**

**Attorney Docket No.: LeA 36252**

**Message:**

Attached are the following documents in connection with payment of the Issue Fee for this application:

- ☒ Issue Fee Transmittal Letter
- ☒ Part B - Fee(s) Transmittal (Form PTOL-85B)
- ☐ Amendment under 37 C.F.R. 1.312
- ☐ Change of Correspondence Address (Form PTO/SB/122)

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT THE PRIVILEGED OR CONFIDENTIAL NATURE OF THIS MESSAGE IS NOT WAIVED BY INADVERTENT DISCLOSURE. ANY DISSEMINATION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL TO 400 MORGAN LANE, WEST HAVEN CONNECTICUT 06516. THANK YOU.



Attorney Docket No. LeA 26252

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Gielen-Haertwig, et al.

Group Art Unit: 1626

Serial No.: 10/525,608

Examiner: Nolan, J.

Filed: 10/13/2005

For: Dihydropyridinone Derivatives

## MAIL STOP ISSUE FEE

Commissioner for Patents

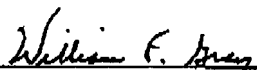
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## CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. 1.8(a)

I hereby certify that this correspondence and any papers referred to as attached are being facsimile transmitted, on the date shown below, to the U.S. Patent and Trademark Office, Mail Stop ISSUE FEE, facsimile number (571) 273-2885.

Date: 27 April 2007

  
Signature of person certifying / William F. Gray

**ISSUE FEE**  
**TRANSMITTAL LETTER**

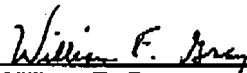
Sir:

Attached please find the following documents in connection with transmittal and payment of the publication and issue fees in the above-identified case:

- Part B - Fee(s) Transmittal (Form PTOL-85);

Respectfully submitted,

Date: 27 April 2007

  
William F. Gray  
Attorney for Applicants  
Reg. No. 31018

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